

# FORM A - MENTAL HEALTH BUDGET NARRATIVE

**Local Authority:** Four Corners/Carbon

## Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Adult Inpatient		Program Manager <i>Pam Bennett</i>	
Form A1 - FY23 Amount Budgeted:	\$544,499	Form A1 - FY23 Projected clients Served:	44
Form A1 - Amount budgeted in FY22 Area Plan	\$475,736	Form A1 - Projected Clients Served in FY22 Area Plan	33
Form A1 - Actual FY21 Expenditures Reported by Locals	\$543,484		44
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>FCCBH will directly provide hospital diversion services in addition to contracting with several inpatient behavioral health facilities to provide inpatient psychiatric services.</p> <p>Because hospitalization can be very disruptive and costly, FCCBH's hospital diversion plan is to hospitalize all individuals who pose a danger to self or others due to a mental illness, and who cannot be stabilized and treated in a less restrictive environment. For clients not requiring that level of care, alternatives for community stabilization will be developed and implemented. These include "stabilization and transitional rooms" at FCCBH supported living facilities in Price and Moab.</p> <p>As the ARTC is no longer available through the USH for acute inpatient care, FCCBH will contract with a variety of inpatient psychiatric hospitals for acute care stabilization. Those contractors include Provo Canyon Behavioral Hospital, the University Neuropsychiatric Institute (now the Huntsman Mental Health Institute), Mountain View Hospital and Salt Lake Behavioral Health. Long term psychiatric inpatient care will be provided by the Utah State Hospital.</p> <p>The FCCBH hospital liaison coordinator will work closely to coordinate care with the inpatient psychiatric hospitals, clinical teams, clients and each individual client's support system. The hospital liaison will work to help manage the transition from the community to hospital and oversee discharge planning in an effort to provide seamless transitions and to help maintain stabilization.</p>			
<b>Describe your efforts to support the transition from this level of care back to the community.</b>			
<p>FCCBH has a hospital liaison that works very closely with the inpatient hospitals who are treating and discharging FCCBH clients. The hospital liaison is responsible for assessing client progress while in the inpatient setting, as well as organizing discharge services when the client is released. The FCCBH</p>			

liaison will ensure an appointment for follow-up to care is established within 7 days of the client being discharged from the hospital. Very often though this follow-up occurs within a day or two of release. The client will be set up with either an assessment and/or individual counseling or a medication evaluation appointment to ensure there is no break in medication compliance. Linking the client to needed resources, upon discharge, is also common practice of the liaison role.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant increase or decrease over FY21 actual.

**Describe any significant programmatic changes from the previous year.**

None

## 2) Children/Youth Inpatient

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$201,390</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>9</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$175,957</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>8</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$104,832</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>9</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH has contracts for acute psychiatric inpatient care with Provo Canyon Behavioral Health, The University of Utah Neuropsychiatric Institute (Huntsman Mental Health Institute), Mountain View Hospital and Salt Lake Behavioral Health. For youth, Four Corners will also explore placement at Primary Children's Hospital. Long term care will be provided at the Utah State Hospital.

Case management, wraparound services, [SMR](#) and systems of care development will all be used to divert the need for hospitalization.

FCCBH will continue to use the tools provided by DSAMH such as "Commitment Process for Children" and "Custody and Why it Matters" to train FCCBH LMHT and community partners in the hospitalization access and diversion process.

**Describe your efforts to support the transition from this level of care back to the community.**

The FCCBH hospital liaison works very closely with the inpatient hospitals who are treating and discharging FCCBH clients. The hospital liaison is responsible for assessing client progress while in the inpatient setting, as well as organizing discharge services when the client is released. The FCCBH liaison will ensure an appointment for follow-up care is established within 7 days of the client being discharged from the hospital. Very often though this follow-up occurs within a day or two of release. The client will be set up with either an assessment and/or individual counseling or a medication evaluation appointment to ensure there is no break in medication compliance. Linking the client to needed resources, upon discharge, is also common practice of the liaison role. State diversion funds

may be used for youth to aid in supporting activities within the community to avoid inpatient placement.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant increase over FY23 budgeted.

**Describe any significant programmatic changes from the previous year.**

None

### 3) Adult Residential Care

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$836,012</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>27</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$730,435</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>27</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$654,441</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>27</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH will provide a range of housing services and supports to include independent living, supported living, and short term “transitional” beds for hospital diversion. These are not contracted services but are provided directly by FCCBH.

FCCBH currently has two supported living facilities: The Willows in Grand County and The Friendship Center in Carbon County. These facilities are for SPMI adult clients with varying needs for supervised living, therapeutic support and case management. The Willows in Moab has eight beds and the Friendship Center in Price has ten beds. Residential staff members provide coverage 24 hours daily. The residents participate in comprehensive clinical treatment and psychosocial rehabilitation programs (Interact & New Heights) in the respective counties.

Both facilities have dedicated “transitional” beds that are used for stabilization and hospital diversion when necessary. They will help to avoid initial hospitalization by providing a secure and supported living environment and also to allow for the earliest possible discharge of a client who has been hospitalized. FCCBH anticipates the facilities will operate at full capacity.

**How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?**

Residential housing is targeted to the SPMI/SMI population. In order for clients to be placed in residential supported living they have to fit those qualifications. FCCBH also utilizes the yearly MHSIP and YSS surveys to gauge clients' perspectives on how well programs and staff are serving client needs and access to treatment.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease**

<b>in the number of individuals served (15% or greater change).</b>
The expected increase is due to inflation and planned COLA and retention wage increases.
<b>Describe any significant programmatic changes from the previous year.</b>
None

#### 4) Children/Youth Residential Care

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	\$0	<b>Form A1 - FY23 Projected clients Served:</b>	0
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	\$0	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	0
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	\$0	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	0
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Please identify any significant service gaps related to residential services for youth you may be experiencing.</i></b>			
<p>FCCBH uses intensive services, such as high fidelity wraparound and SMR, to prevent the need for higher level placement, such as residential. If the clinical need for residential treatment is indicated, FCCBH will contract with other organizations for these services. FCCBH contracts on a case by case basis with "Youth Village," a statewide organization, to provide children/youth residential care services as needed.</p> <p>FCCBH has not budgeted any funding in this area because the demand for this service has traditionally been very low, however residential services will certainly be contracted and paid for when clinically necessary.</p>			
<b>How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.</b>			
<p>FCCBH staff will determine the need for residential placement based on information gained through the clinical assessment and collateral information from family and other community partners. If a client is determined appropriate for residential care, FCCBH staff will assist in the transition to the placement, as well as assisting the client in returning home upon discharge. If the client is returning home to their community of origin, staff will assist with getting continued outpatient care set up with FCCBH and other agencies in the community. Commonly, children with significant mental health, behavioral health and/or substance use concerns will be referred first through family preservation programs like SOC and SMR, before considering residential placement. FCCBH will assist in appropriate placement of youth,</p>			

regardless of funding source.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant increase/decrease.

**Describe any significant programmatic changes from the previous year.**

None

**5) Adult Outpatient Care**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$1,204,228</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>980</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$1,064,450</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>980</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$1,086,847</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>920</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH will directly operate behavioral health outpatient clinics in Price, Castle Dale and Moab, and provide 1-2 days/week integrated behavioral services in the Green River Health Center, a federally qualified health center.

Services provided at all FCCBH clinic locations will offer; a mental health assessment, psychiatric assessment (if recommended), individual therapy, family therapy, group therapy, case management, Peer Support Services, therapeutic behavioral services, medication management, education and smoking cessation services.

Clinical staff members will provide a screening for every person who comes to the FCCBH clinics regardless of ability to pay. Each FCCBH clinic will have MCOT services available and have a minimum of one clinician and case manager available during clinic hours for walk-in appointments and/or emergencies to enhance access to services. Individuals with mental health and substance use co-occurring disorders will be provided integrated MH and SUD treatment. Over the past few years, FCCBH has continued to increase training around the modality of EMDR, and all facilities currently have multiple mental health therapists who are certified to provide that service. In addition, FCCBH added Neurofeedback as a supplement to the clinical treatment being provided. Four masters level clinicians were extensively trained in this modality and are currently using this practice with clients.

Services provided at the Green River FQHC clinic location will include assessment, individual and family therapies, integrated medication management services with the somatic health care provider and education.

A variety of individual and group EBP interventions will be used in providing treatment for adults with depression, anxiety, a history of childhood sexual abuse, Borderline Personality Disorder, codependency issues, parenting education needs and many other diagnoses benefitting from treatment.

The model of service delivery will use a licensed mental health therapist as the service prescriber, as well as a provider of services. An individualized treatment plan will be developed with the client using the person-centered method, containing life goals and measurable objectives. The treatment plan will identify the type, frequency and duration of medically necessary services for each client as prescribed by a licensed clinician. The duration and intensity of services will be evaluated on an ongoing basis by the licensed clinician and the client to determine the service appropriateness to support the client's progress on the goals and objectives related to recovery.

Clubhouse Psychosocial Rehabilitation programs for SPMI consumers will be directly maintained by FCCBH in two counties: New Heights in Carbon County and Interact in Grand County. These free standing facilities provide psychosocial rehabilitation, personal services, case management, Peer Support Services, psycho-education and development and referral to transitional and supported employment settings throughout a work ordered day. These services will be identified on the client treatment plan where appropriate to medical necessity and personal recovery. Additionally, FCCBH will provide or help connect clients with transportation to and from FCCBH services for Medicaid clients. Representative payee services to assist in the management of disability benefits are also offered through the programs clubhouses.

Smoking cessation education and classes will be offered to all clients, regardless of their primary referral reason into treatment. FCCBH continuously seeks out evidenced-based models for smoking cessation treatment in order to keep staff trained to provide this service. In addition, intentional messages and education about smoking cessation are incorporated into many of our group programming options for both MH and SUD clients. FCCBH provides wellness promotion activities to MH clients both within the clubhouse and within the clinic. These may include various organized events and challenges throughout the year that clients are encouraged to take part in. In the clubhouses, lunches and snacks have moved to a "healthy option" menu.

Information around quitting tobacco is provided to everyone entering facilities that are interested. In terms of smoking cessation services provided in the Green River FQHC affiliation, a therapist is on site two days a week to provide individual therapy. The therapist will provide treatment to those who are requesting needs around tobacco reduction and/or methods for quitting. In addition, a wellness goal will be encouraged for each SPMI client's treatment plan, as they are willing to participate in such. Being sensitive to the individual's readiness, the objectives may include increasing awareness and participating in specific wellness activities.

**Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.**

Currently, FCCBH does not have a formal ACT team that is following the model to fidelity. Although, many of the necessary aspects required for an ACT team are already in place through FCCBH. Examples of this include supported living, supported employment activities, and offering treatment modalities specific to individuals with complex/serious mental illness. One of those modalities, Recovery-Oriented Cognitive Therapy (CT-R) was successfully implemented by FCCBH during FY 20. This is a comprehensive program requiring certification for the treatment of chronic mental illness, such as schizophrenia and complicated bi-polar disorder. FCCBH will continue to provide this treatment in FY 23, and will seek out more opportunities for increased staff training.

FCCBH has been increasing treatment team staffings on clients who are considered high risk/ high utilizers of inpatient treatment and increasing the prescribed frequency of one-on-one services. This is accomplished through a combination of services provided from assigned mental health therapists, medical staff, and case managers. Mental Health Court, which was successfully implemented in Carbon County in FY 20, also works to stabilize these high-need clients.

Four Corners has implemented the Mobile Crisis Outreach Team (MCOT) model throughout the tri-county area. MCOT is available to the communities of Carbon, Emery and Grand 24/7, every day of the year.

Day treatment services provided in a clubhouse capacity are vital in helping clients with complex behavioral health needs to remain in the communities. As previously stated, life skills are developed and enhanced within these programs to assist our seriously mentally ill clients move towards and thrive in an independent living setting. Supported living, increased medication compliance efforts, and peer support interaction are also a few of the interventions used to avoid inpatient hospitalization for clients living with complex mental health concerns.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The expected increase is due to inflation and planned COLA and retention wage increases.

**Describe any significant programmatic changes from the previous year.**

None

**Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.**

Each of our three counties has a protocol for tracking civil commitments and will use the same protocol for tracking those placed on an assisted outpatient treatment court order. The Program Director in each county is responsible for tracking commitments for that area. This includes updates, transfers, termination and other basic maintenance civil commitment cases. In Emery County, the team puts the civil commitment information on the face sheet in the clients EHR (electronic health record). The information on the face sheet will consist of when they were initially placed on civil commitment, a record of past update hearings, and when their next review is due to the court. This information will automatically come up every time the client's EHR is opened. Then, a list of all individuals currently on civil commitment will be reviewed during the weekly staff meeting with all staff present. In Grand County, immediately following the initial court hearing (or as soon as FCCBH is notified) the Program Director puts an appointment to review each civil commitment case on her work calendar, roughly one month prior to the court review. The Program Director then assigns the appropriate individual (DE or Mental Health Officer) to complete an assessment update and submit to the court *prior* to the scheduled court date. Weekly, the active list of civil commitment clients will be reviewed during clinical staff meetings and assessed for progress and need for continued civil commitment. Also, after the DE assessment is complete FCCBH discusses the recommendations at the next staff meeting. The Carbon County clinic has the largest volume of civil commitment clients within the tri-county region. Their tracking process includes using an internal shared document used to track civil commitments amongst all staff. In this form, the due date for the next court appearance or progress letter due is set for a month prior to the actual due date. This ensures the documentation will get to the courts in enough time for the judge to receive and review the documentation prior to the next hearing.



With regard to youth, civil commitment only lasts as long as they are placed at an inpatient facility. So the services FCCBH provides for them while they are on civil commitment is coordinating admission, progress, and discharge with the admitting inpatient facility. When they are discharged from the inpatient facility, they are terminated from Civil Commitment. However, services will continue to be offered and provided to the children and their families within the community, regardless of civil commitment status.

#### 6) Children/Youth Outpatient Care

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$513,050</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>370</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$445,009</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>425</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$487,013</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>356</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please highlight approaches to engage family systems.**

A clinical screening will be provided to every youth who comes to FCCBH seeking services, regardless of ability to pay. Each clinic location will provide clinical evaluations including 30-day evaluations for DCFS children; individual, family and group therapy, psychiatric assessment, and medication management. Psychological testing will be completed, when indicated as medically necessary, to establish psychiatric diagnosis and treatment plan.

Children and youth with trauma concerns will be provided Trauma Focused CBT treatment and/or Attachment, Self-Regulation, Competency (ARC) treatment, as well as Eye Movement Desensitization and Reprocessing (EMDR) from certified providers. School based therapy will be *offered* in all of the elementary, middle, charter and high schools in Carbon, Grand, and Emery counties so long as funds remain available to do so. These services are being provided largely in part with Early Intervention funding. In July, 2019 FCCBH lost additional TANF funding that was provided in 2016 to increase school based services to counties with increased intergenerational poverty. As a result, services did decrease in Carbon and Grand Counties in FY 20, but it appeared FCCBH was able to minimally meet the requested need with available funds. In FY 23, FCCBH plans to increase youth access to services through getting families who qualify signed up for Medicaid expansion.

As a result of appropriations provided to the Utah Department of Education in H.B. 373, FCCBH will also attempt to contract with local school district leaders to provide additional therapeutic school-based services. The budget has not been changed with the expectation that these services will remain in place. Adolescent to Adult Transition groups will be made available for youth transitioning from youth programs to adult services, including coordination of treatment and/or service. FCCBH will work collaboratively with the System of Care teams in each county, along with SMR to provide wrap-around services to youth and families needing this type and intensity of care. FCCBH will continue to partner with the Carbon County Detention Center to provide treatment portions of in-home Observation and Analysis (O&A) when ordered by the court as needed. Clients dually diagnosed with mental health and substance use disorders will be provided integrated treatment.



FCCBH provides critical incident debriefing responses to the schools after crisis events. FCCBH will continue to support the Department of Human Services Systems of Care model of service delivery for youth and children with serious emotional disturbance. Due to the substantial increase of SOC teams in the southeastern region, FCCBH no longer employs a Family Resource Facilitator position to avoid duplication of services. However, Four Corners staff will continue to participate in monthly SOC coordination meetings.

FCCBH has also implemented SMR services to help high need families with wrap-around services. In FY 22, FCCBH was asked to serve as the Regional SMR Program Manager for the eastern region by the Department of Health. Currently, SMR services are being provided in all three counties. Since implementation of the program, FCCBH has worked to train agencies and community partners on what SMR is and how it can help families with children and youth who suffer from mental illness. In addition, a contract has been developed through Families First to assist in providing the stabilization piece of SMR in various counties throughout the eastern region who have experienced staff shortages. This will begin at the end of FY 22 and into FY 23.

FCCBH has offered a therapeutic parent skills group for those involved with DJJS or DCFS and those who have children who are at a high risk for an out of home placement for many years. However, the referrals for that service have decreased over time, leading to a reduction in the number classes being offered per year. It is anticipated that this is due to various other community partners in the area offering parenting classes and partnering with DCFS and DJJS. Therefore, this group will be provided as needed.

**Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.**

In all three counties, System of Care has teams set up to serve high acuity youth and families. FCCBH has also implemented SMR services to help high need families with wrap-around services. In FY 22, FCCBH was asked to serve as the Regional SMR Program Manager for the eastern region by the Department of Health. Currently, SMR services are being provided in all three counties. Since implementation of the program, FCCBH has worked to train agencies and community partners on what SMR is and how it can help families with children and youth who suffer from mental illness. In addition, a contract has been developed with Families First to assist in providing the stabilization piece of SMR in various counties throughout the eastern region who have experienced staff shortages. This will begin at the end of FY 22 and continue into FY 23.

FCCBH also utilizes the yearly MHSIP and YSS surveys to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The expected increase in cost is due to inflation and planned COLA and retention wage increases.

**Describe any significant programmatic changes from the previous year.**

FCCBH will implement the SMR program.

#### 7) Adult 24-Hour Crisis Care

LeAnne Huff

Form A1 - FY23 Amount Budgeted:	\$2,531,415	Form A1 - FY23 Projected clients Served:	449
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<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$874,205</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>409</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$456,632</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>356</b>

**Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.**

Currently, FCCBH directly provides mental health crisis services. Crisis services are available 24 hours per day, seven days per week (including holidays) in all three counties. The Mobile Crisis Outreach Team (MCOT) in each county consists of a licensed mental health therapist (LMHT) and a case manager/peer support employee. Case managers/peer support employees in each county will be used to access resources and support responding therapists in developing a wrap-around plan aimed at promoting stability and diverting hospitalization. FCCBH crisis services will be delivered free of charge to all in need. Outreach to the individual and/or identified support person after a crisis service will be provided in order to maintain ongoing support.

In response to H.B. 41 Mental Health Crisis Line Amendments, which was implemented during the 2018 Utah legislative session, FCCBH contracted telephone crisis services with the University of Utah Neuropsychiatric Institute (UNI). Even with this addition, our management of safety net and crisis services within our communities will not change. By contracting with UNI, FCCBH will be in compliance with H.B. 41 and all crisis phone calls will be answered by a live, certified crisis worker 24 hours a day, 7 days a week. FCCBH crisis teams will deploy when a crisis line employee, who has been working with a client in one of the areas, requests the service. Community Partners in each of the areas may also request MCOT services. FCCBH has been attending monthly coordination meetings with the Utah Crisis Line and the Division.

The FCCBH clinical director will meet regularly with area first responders to ensure FCCBH crisis services are interfacing well and meeting community needs. A "high-risk list" will be maintained in each county and high-risk cases will be staffed at least weekly, but in many cases several times per week.

In addition to the clinical interview, the Columbia-Suicide Severity Rating Scale (C-SSRS) will be used as the standard tool for suicide assessment and safety plan development. Many FCCBH clinical staff have been trained in using the Collaborative Assessment and Management of Suicidality (CAMS) approach and/or the Cognitive Behavioral Training for Suicide Prevention (CBT-SP) approach in working with clients endorsing concerns around suicide.

In FY 23, FCCBH will be starting a rural Receiving Center. FCCBH has begun the process of seeking out a building in Carbon County where the receiving center will be placed. Once the building is purchased and potentially remodeled, FCCBH will begin hiring and training receiving center staff; with hopes to open the center January, 2023. The receiving center will be another resource the mobile

outreach teams, and other community partners, may utilize to divert hospitalizations and engage clients stabilization efforts. FCCBH will follow State guidelines for Receiving Centers and work with the Office of Substance Use and Mental Health to develop rural considerations.

**Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.**

FCCBH adheres to the state MCOT DATA requirements and reports on this as requested to do so.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The expected increase takes into account the addition of a rural receiving center, cost increases due to inflation, and wage increases with a planned COLA and retention wage increases.

**Describe any significant programmatic changes from the previous year.**

The MCOT program will run for the full fiscal year.

#### 8) Children/Youth 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$522,698	Form A1 - FY23 Projected clients Served:	106
Form A1 - Amount budgeted in FY22 Area Plan	\$869,229	Form A1 - Projected Clients Served in FY22 Area Plan	136
Form A1 - Actual FY21 Expenditures Reported by Locals	\$118,185	Form A1 - Actual FY21 Clients Served as Reported by Locals	87

**Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services). Include, if you provide SMR services, if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at-risk youth, children, and their families.**

FCCBH directly provides crisis services to children, youth, and families. These services will be available 24 hours per day, seven days per week (including holidays) in all three counties. The Mobile Crisis Outreach Team (MCOT) in each county consists of a licensed mental health therapist (LMHT) and a case manager/peer support employee. Case managers/peer support employees in each county will be used to access resources and support responding therapists in developing a wrap-around plan aimed at promoting stability and diverting hospitalization. FCCBH crisis services will be delivered free of charge to all in need. Outreach to the individual and/or identified support person after a crisis service will be provided in order to maintain ongoing support.

In response to H.B. 41 Mental Health Crisis Line Amendments, which was implemented during the 2018 Utah legislative session, FCCBH contracted telephone crisis services with the University of Utah Neuropsychiatric Institute (UNI). Even with this addition, our management of safety net and crisis services within our communities will not change. By contracting with UNI, FCCBH will be in compliance with H.B. 41 and all crisis phone calls will be answered by a live, certified crisis worker 24 hours a day, 7 days a week. FCCBH crisis teams will deploy when a crisis line employee, who has been working with a client in one of the areas, requests the service. Community Partners in each of the areas may also request MCOT services. FCCBH has been attending monthly coordination meetings with the Utah Crisis Line and the Division.

In addition to the clinical interview, the Columbia-Suicide Severity Rating Scale (C-SSRS) will be used as the standard tool for suicide assessment and safety plan development. Many FCCBH clinical staff have been trained in using the Collaborative Assessment and Management of Suicidality (CAMS) approach and/or the Cognitive Behavioral Training for Suicide Prevention (CBT-SP) approach in working with clients endorsing concerns around suicide.

FCCBH has an internal SMR team in each county to assist youth and families in addressing all areas of need. FCCBH also works closely with System of Care teams throughout the southeastern region to refer high risk families for intensive wraparound services. FCCBH will also request high level staffings through the Department of Health when indicated. In addition, Four Corners may receive invitations to participate in high level staffings regarding clients currently being served in treatment.

A 'high-risk list' of youth needing close monitoring due to instability of illness, will be maintained in each county. This list is exclusive to just children and youth. These cases will be closely monitored and clinically reviewed at least weekly and in many cases multiple times per week.

**Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.**

FCCBH adheres to the state [SMR/MCOT DATA](#) requirements and reports on this as requested to do so.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The expected increase over "FY21 actual" also takes into account the addition of a rural receiving center, cost increases due to inflation, and wage increases with a planned COLA and retention wage increases.

**Describe any significant programmatic changes from the previous year.**

FCCBH now has SMR programs for youth and families up and running according to State Statute. There will be SMR teams in Carbon, Emery, and Grand. After hours the calls will be routed to the MCOT teams or Crisis Workers, with referrals being made to the SMR teams the following day.

## 9) Adult Psychotropic Medication Management

*Pam Bennett*

Form A1 - FY23 Amount	\$528,392	Form A1 - FY23 Projected	436
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<b>Budgeted:</b>		<b>clients Served:</b>	
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$483,715</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>407</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$370,352</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>436</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings***

FCCBH has contracted and employed medical providers available for Carbon, Emery, and Grand counties. They provide psychiatric evaluations and medication management services for both adults and youth. FCCBH has discontinued the partnership with the University of Utah Medical School Residency/Tele-Psychiatry expansion project and instead has contracted with Moab Regional Hospital to provide MAT for FCCBH clients needing that service. In 2020, Moab Regional Hospital expanded their services to include MAT for youth and adults struggling with substance use disorder. FCCBH has a contracted provider located at the Grand County Clinic providing medication management services for mental health needs. Other FCCBH contracted providers will serve clients with psychiatric/medication needs in our Emery and Carbon County locations. In addition to contracted providers, FCCBH has two full time employees providing medical services; one working with both mental health and SUD clients through Operation Recovery and our Medical Director. This is the first time ever Four Corners has employed a full-time Medical Director.

Medical providers and nursing staff will manage required lab testing such as ordering blood tests for clients on atypical antipsychotic medications; diabetes screening following the AMA guidelines; obtaining lithium levels; or a CPK test for clients who are on mood stabilizer medication. Laboratory test results will be forwarded to the client's primary care provider for coordination of care.

Urine lab screenings and LCMS testing may be conducted when concerns arise that a client may not be using psychotropic medications as prescribed. FCCBH has entered a contract with Precision Diagnostics to provide these testing services. Thus far, this has proven very successful with aiding staff in getting clients stabilized; preventing the need for inpatient placement.

With the help of our EHR (Credible), FCCBH utilizes e-prescribing. Client vital signs and weight will be taken and recorded during each visit. If a client presents with a physical health concern such as high blood pressure, FCCBH medical staff will refer the client to the primary care provider. In the event that a client does not have a primary care provider, or is unfunded, referral will be made to the local FQHC or with partnering primary care provider.

When a person is unable to pay and requires an emergency medication evaluation, this will be completed to stabilize and the client will then be referred to the appropriate community resource for follow-up with consultation with the FCCBH prescriber. If it is a complicated medical issue, the client will be served at FCCBH to avoid higher levels of care.

Case managers or other staff members will coordinate transportation to FCCBH medical appointments when the client has no other means of transport. FCCBH will maintain the "Nurse/Outreach Specialist" position that was established in 2013. This LPN level staff member provides outreach to high risk clients who have difficulty following through or maintaining scheduled appointments. Medication

education and outreach will be provided in the home and in the community to assure medication adherence.

FCCBH has partnered with several other medical providers treating somatic care for many years through the Utah State Primary Care Grant. That funding has allowed unfunded and underfunded individuals receive a variety of primary healthcare needs that might otherwise not be addressed. [FCCBH has applied for these funds for FY 23.](#)

FCCBH is in the process of adding a field into the EHR that will allow crisis workers to see what PRN medication can be given to our clients to help them calm down in a crisis situation. This will allow the ER doctors and any of our doctors to prescribe this medication for the client to avoid hospitalization.

[FCCBH will receive funding in FY 23, through the Office of Substance Use and Mental Health, to assist in opening the first ever rural receiving center. This receiving center will be located in Carbon County, with plans to offer services 24/7. Four Corners will use existing prescribers for emergency medication needs occurring during normal office hours. For after-hours services, FCCBH has developed a plan with Huntsman Mental Health Institute to provide physician support. Castlevue Hospital has also partnered with Four Corners in providing stabilization services for clients admitted to their ER during a mental health crisis.](#)

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant increase/decrease.

**Describe any significant programmatic changes from the previous year.**

None

#### 10) Children/Youth Psychotropic Medication Management

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$56,308</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>74</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$51,547</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>74</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$44,308</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>63</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. [Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.](#)**

[FCCBH has medical providers available to clients needing psychiatric services in all three counties. Those providers complete an initial psychiatric evaluation and ongoing medication management for all adults and youth served. In addition to contracted providers, FCCBH has two full time employees providing medical services; one working with clients through Operation Recovery and our Medical Director. In addition to providing oversight and supervision to all medical staff, our Medical Director also](#)



provides psychiatric services to clients of all ages. This is the first time Four Corners has employed a full-time Medical Director.

In the event a child or youth is assessed as needing immediate medication services, but has an inability to pay, a Four Corners medical provider will still see the client initially and determine the best options for ongoing treatment. This may include continuing services at FCCBH or being referred to another appropriate provider in the area.

Psychiatrists and nursing staff will manage required lab testing such as ordering blood tests for clients on atypical antipsychotic medications. Laboratory test results will be forwarded to the client's primary care provider for coordination of care. FCCBH's "cloud-based" electronic medical record enables e-prescribing. Client vital signs and weight will be taken and recorded during each visit. If a client presents with a co-occurring physical health concern, FCCBH medical staff will refer the client to their primary care provider or help the client get linked up to a local provider, regardless of funding ability.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

**Describe any significant programmatic changes from the previous year.**

None

#### 11) Adult Psychoeducation Services & Psychosocial Rehabilitation

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$867,655</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>111</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$794,290</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>111</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$912,770</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>117</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH will directly provide psychosocial rehabilitation and psycho-education services using the Clubhouse Model in Carbon (New Heights) and Grand (Interact) Counties. These services will be delivered to consumers who have, through assessment by a LMHT, been found to be Seriously Mentally Ill (SMI). Transportation to these programs will be provided 5 days/week for clients residing in Grand, Carbon and Emery counties.

The services will be delivered in the context of the "the work ordered day." Program units in which the services will be delivered will include clerical, housing, kitchen services, the bank, snack bar, and transitional employment. Consumers will be assisted with independent living skills, housing assistance, applying for and maintaining entitlements, skills training for employment preparedness and successful day to day living in the community. Working side-by-side with consumers, clubhouse staff will assist



consumers to reach maximum functional level through the use of face-to-face interventions such as cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills.

Program activities will be geared toward stabilization, hospital diversion, improved quality of life, increased feelings of connectedness and promoting overall wellness.

Wellness strategies will be implemented into the program to promote health and wellness education and to foster healthy lifestyles. Each clubhouse will have exercise equipment, a snack bar with healthy snack options, and weekly wellness activities. Lunch menu planning and meal preparation will include healthful alternatives. Assisting consumers with shopping lists that include more healthful food items will promote long term recovery. Wellness education will be provided by program staff as well as outside consultants. Smoking cessation classes will be offered throughout the year by a peer support specialist or another staff person trained in an evidence-based curriculum.

**Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?**

Those clients that are referred for these services have to be recommended and referred by their therapist. All clients referred into this program must meet diagnostic criteria for serious mental illness (SMI). As well, all psychoeducation or psychosocial rehabilitation services are included as part of their treatment plan. Clients are asked annually to take the MHSIP and YSS surveys to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment. In addition, all clients receiving mental health services at Four Corners are requested to complete the Outcome Questionnaire (OQ) at each individual therapy session.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant increase/decrease.

**Describe any significant programmatic changes from the previous year.**

None

**12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation** *Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$1,005</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>10</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$920</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>10</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$135</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>1</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
FCCBH will provide youth psychosocial rehabilitation in Carbon, Emery and Grand Counties. Interventions will include individual and group services provided by staff members who are supervised			

by a LMHT. Services will begin after a comprehensive clinical assessment is completed. This assessment will provide treatment recommendations and support the medical necessity of recommended services using various sources of information (i.e. assessment tools, collateral information, past treatment, etc.) A treatment plus plan is then developed with the client/caregiver and evidenced-based services will be provided to the client. These services may be conducted in an individual or group setting.

Largely, these services will be provided at the schools from September to May. Services will continue to be provided during summer months within each of the clinics. The programs will incorporate treatment modules designed to improve stability, decrease symptomatology and maladaptive or hazardous behaviors and develop effective communication and interpersonal behaviors. Staff will use cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills.

**Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?**

The need for psychoeducation and/or psychosocial rehabilitation services is determined from information gathered in the mental health assessment. When providing treatment in group settings, youth are referred to groups based on age, diagnostic need, and developmental appropriateness. At least monthly, staff will request completion of the Youth Outcome Questionnaire (YOQ) from their clients and/or parents. In addition, the MHSIP and YSS surveys are used annually to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

There will be no increase or decrease in this funding.

**Describe any significant programmatic changes from the previous year.**

None

**13) Adult Case Management**

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$1,031,311</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>607</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$932, 367</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>585</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$740,353</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>607</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.**

Targeted case management (TCM) services will be directly provided for Seriously Mentally Ill (SMI) adults for whom the service is determined to be medically necessary and is prescribed and authorized on a client-centered treatment plan. This includes connecting clients to Four Corners services, as well

as advocating for, linking and coordinating services provided by other agencies that may meet the client's social, medical, educational or other needs. TCM will be provided by FCCBH staff operating out of the three main county clinics, two clubhouse locations, and two supported living residences. Client-specific TCM services will be determined using the case management needs assessment (DLA-20) and service plan. The DLA-20 is completed as part of the initial client assessment and is reviewed through the treatment planning process. Treatment goals will be updated to reflect progress in identified areas and ongoing needs. If clients are in need of TCM services and do not qualify for Medicaid, grant funding (such as SAMHSA or Primary Care) may be used to help provide this service.

An administrative team member at FCCBH tracks certification for each employee providing case management services. Recertification due dates are also tracked.

Targeted case management may also be provided for clients requiring in-home services. These services may be provided by case managers or medical staff for the purposes of maintaining client stabilization and preventing the need for a more restrictive treatment setting.

**Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?**

A Daily Living Assessment (DLA-20) is completed on every client at Four Corners during their initial assessment to determine if case management services are needed and what those services are. DLA-20 updates are conducted periodically to determine progress and continued areas of focus. FCCBH uses the MHSIP survey and the OQ to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment. These services are added to their TX plus plan.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant increase/decrease.

**Describe any significant programmatic changes from the previous year.**

None

#### 14) Children/Youth Case Management

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$50,726</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>130</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$45,859</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>120</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$21,200</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>142</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted**

**provider. Please include how you ensure each case management provider is certified to provide these services.**

Targeted case management (TCM) services will be directly provided by FCCBH for youth and children with serious emotional disturbance (SED) for whom the service is determined to be medically necessary based on an assessment conducted by a licensed mental health therapist (LMHT). Family-specific TCM services will be based on a case management assessment (DLA-20) and service plan, which will be completed as part of a comprehensive treatment planning process.

TCM for children/youth will be provided within each of the three main county clinics and, where agreements have been established, from schools in our communities. A system of care approach for children/youth with serious emotional disturbance will be developed through collaborative agreements with community partners and families. Case managers will be proactive in assisting with wraparound services through family team meetings. When High Fidelity wraparound is indicated for youth and families, FCCBH staff will refer to System of Care teams in all three counties.

FCCBH children's case managers may also advocate for youth and families in school settings by supporting parents in requesting and accessing Individual Education Plan (IEP) for their children. This service may be provided within the wraparound process or within other areas of treatment planning.

All case manager's working with youth are certified by the Office of Substance Use and Mental Health. A specified administrative team member at FCCBH tracks certification for each employee providing case management services. Recertification due dates are also tracked to ensure continued certification is maintained.

Each clinic will have a staff member assigned to participate with the Local Interagency Council (LIC) and/or Community Coalition meetings to promote community partnership and develop integrated services for high risk children and youth. FCCBH also participates in monthly System of Care coordination meetings.

**Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?**

Each client is given the DLA-20 to determine the TCM services that are needed for each client. Once this is determined the therapist refers the client to a case manager for help in getting those needs met. FCCBH administers the MHSIP and YSS surveys annually to gauge clients' perspective on how well our programs and staff are serving client needs and access to treatment. Youth are also requested to complete the Youth Outcome Questionnaire monthly.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

**Describe any significant programmatic changes from the previous year.**

None

**15) Adult Community Supports (housing services)**

*Pete Caldwell*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$94,951</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>30</b>
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<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$102,353</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>30</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$112,412</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>20</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>FCCBH will directly provide in-home, housing and respite services for clients struggling with serious mental illness. When needed, in-home services will include Targeted Case Management, individual therapy, RN medication management, individual psycho-social rehabilitation, and personal services. FCCBH built an apartment complex in Grand specifically to house chronically mentally ill clients; particularly those difficult to place. The complex has 8- one bedroom units and 2- two bedroom units. Six of these beds will be used for transitional housing for stays of up to 2 years. Six beds will be permanent housing units. This addition to our housing capacity enables FCCBH to use 6 beds at the Willows which had been considered permanent housing to be used for crisis stabilization, hospital diversion and short term stays while awaiting permanent housing. In total, FCCBH has the following: 22 permanent and 6 transitional housing units in Grand County. In Carbon County, the Friendship Center has 10 supported living single apartments and 2 transitional bedrooms. Cottonwood Apartments has 4 two bedroom units, 7 beds total. These units will now be available to dually diagnosed clients and those struggling with substance use disorder. FCCBH staff members will help clients find and maintain suitable housing. The Psychosocial Rehabilitation program 'Housing Units operations' in the Interact and New Heights Clubhouses will provide resident councils and assist in managing the Ridgeview Apartments and Aspen Cove Apartments in Moab. Targeted Case Managers will work with individual clients to identify housing needs, options, and assist in housing budgeting including: saving up for housing, deposits, applying for various housing funding, completing necessary paperwork, and coordinating the move-in process when needed. FCCBH will be proactive in participating on the local homeless coordinating committees, providing outreach to local shelters linking people with mental illnesses who are homeless or at risk of homelessness to housing resources. FCCBH works with local nursing homes and hospitals to assist clients with housing needs upon discharge.</p>			
<b>Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? <a href="mailto:pgcaldwell@utah.gov">Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov</a></b>			
<p>Residential housing is utilized for individuals living with serious mental illness (SPMI/SMI). FCCBH also utilizes the MHSIP, annually, to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment.</p>			
<b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b>			
<p>No significant increase/decrease.</p>			
<b>Describe any significant programmatic changes from the previous year.</b>			
<p>None</p>			

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$28,756</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>23</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$30,997</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>27</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$2,534</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>10</b>
<p><b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.</b></p> <p>Children/Youth Community Supports will be provided directly by FCCBH staff, contracted providers and/or informal supports developed through the System of Care wraparound process.</p> <p>Children or youth needing community support will be identified by any member of the treatment team at any point in treatment. Parents will be asked during intake, as well throughout the course of treatment, if they need respite for their child/youth struggling with serious emotional disturbance. The DLA-20 is also used to help identify the need for community resources for families being served.</p> <p>Community needs and supports may also be identified through the wraparound process provided by System of Care.</p> <p>Community support provided to children, youth and families may include (but are not limited to): respite, case management, school supports, school based services, social connections, family therapy, recreation needs, housing assistance, and/or connection to community supports. All interventions will be "strengths focused," empowering the family to support the children and youth struggling with serious emotional disturbance.</p> <p>Respite services for children and youth will be provided by both FCCBH employees and contracted providers.</p>			
<p><b>Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?</b></p> <p>This process begins by having a therapist determine if a client is eligible for respite services. The purpose of respite is explained to the family to ensure the family is utilizing the service appropriately. Respite is generally not provided as a stand-alone service, and is used in conjunction with other forms of therapy. All clients receiving respite services are asked to participate in taking the MHSIP and YSS surveys to gauge clients' perspective on how well our programs and staff are serving client needs and access to treatment.</p>			
<p><b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b></p> <p>No significant increase/decrease over FY22 plan.</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p> <p>None</p>			

**17) Adult Peer Support Services**

*Heather Rydalch*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$110,917</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>65</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$111,012</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>69</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$116,047</b>	<b>Form A1 - Actual FY21 Clients Served as Reported by Locals</b>	<b>56</b>
<p><b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b></p> <p>Peer support services will be provided directly by FCCBH for the primary purpose of assisting in the rehabilitation and recovery of adults struggling with symptoms of serious mental illness (SMI). Individuals who have co-occurring substance use disorders will be referred to peer support when requested by the individual. Peer Support is identified as an intervention on the person-centered treatment plan; prescribed by a LMHT. Clients also participate in the development of the treatment plan and the services they will receive. Peer support specialists are integrated as part of the treatment team.</p> <p>FCCBH will support the Peer Support model of services. When hiring staff at all levels of the organization, FCCBH will give priority to individuals in active recovery. The FCCBH employee providing Peer Support will be certified and properly trained to provide this intervention. FCCBH currently employs staff members in each county who are in recovery or who are family members of those in recovery. The trained and certified Peer Support Specialist will be encouraged to share their experience, strength and hope in interactions with FCCBH clients.</p> <p>FCCBH Peer support services will be designed to promote recovery. Peer support specialists will lend their unique insight into mental illness and substance use disorders and share their understanding of what makes recovery possible.</p> <p>The Peer Support Specialist will provide group support for wellness promotion and self-care. The Peer Support Specialist will also complete a personalized treatment objectives with the client. Peer Support Specialists will work from both the outpatient psychosocial rehabilitation facility (clubhouse) as well as the clinics, thereby providing individual and group peer support related to development of wellness practice by our clientele.</p>			
<p><b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).</b></p> <p>No significant increase/decrease.</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			



None

18) **Family** Peer Support Services

Tracy Johnson

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$53,136	Form A1 - Projected Clients Served in FY22 Area Plan	12
Form A1 - Actual FY21 Expenditures Reported by Locals	\$16,613	Form A1 - Actual FY21 Clients Served as Reported by Locals	4

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.**

FCCBH partners with System of Care primarily to provide peer support services for youth and families in treatment. Outside of monthly RAC meeting participation, staff will refer individual clients and families to SOC if they fit the criteria. FCCBH also has SMR up and running and can refer clients and families to this program as well. However, SMR is not a peer based program.

FCCBH connects frequently with DCFS, DJJS, and DSPD to staff cases and to maintain a referral process.

SOC has peer support on staff that works with families in our area. FCCBH partners with SOC with any referrals for families that need that level of care. Families are being served in the area between SOC and SMR services. SOC is providing High Fidelity Wraparound Services in all three of our counties.

Peer support employees with SOC (providers FCCBH contracts with) implement a support based program, aimed at improving mental health services by targeting families and caregivers of children and youth with serious emotional disturbance. This will be supported through the provision of technical assistance, training, peer support, modeling, mentoring and oversight. Peer support specialists will work to develop a strong mentoring component to strengthen family involvement and self-advocacy and assist in the wrap-around model of services.

All peer support specialists will be trained and certified as per DSAMH criteria with the capacity to deliver wraparound services with high fidelity to the model. Each of these trained individuals will be encouraged to share his or her experience, strength and hope in interactions with families. As a peer support specialist, each will lend his/her unique insight into mental illness and substance use disorders and share their understanding of what makes recovery possible.

FCCBH expects all contractors who provide this service will follow through with all guidelines set forth in the above paragraphs for what FCCBH expects of our peer support services. The great thing about working with SOC is that they are trained in the same programming as Family Resource Facilitators.

**Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?**

FCCBH makes referrals to SOC when appropriate. They are using their peer support specialist in the

same way FCCBH would use FRF peer support services. When FCCBH receives referrals from DJJS, DCFS, Court services FCCBH is referring them to SOC services in our ares.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).**

See above

**Describe any significant programmatic changes from the previous year.**

None

#### 19) Adult Consultation & Education Services

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$26,171</b>	<b>Form A1 - FY23 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$23,959</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$1,999</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH will provide professional consultation and education services throughout the tri-county area. There will be training on various subjects pertinent to MH and SUD as well as clinical case consultation to our partner organizations and agencies.

FCCBH psychiatrists will provide consultation to primary somatic care physicians who are working with persons with mental illness in all three counties. Area primary care providers will be invited, at least annually, to "lunch and learn" conferences with FCCBH prescribers.

FCCBH will provide staff to train law enforcement and probation as part of the annual tri-county Crisis Intervention Team (CIT) Training. FCCBH staff will also provide clinical staff time to organize and schedule these week long training sessions.

On-call clinical consultation services will be provided in the emergency departments and intensive care units of Castlevew Hospital in Price and Moab Regional Hospital regarding patient disposition and discharge planning.

Mental Health First Aid will be offered to local community groups by a FCCBH staff members certified in this curriculum. Efforts to train our tri-county community members in MHFA will be increased over the next year.

FCCBH staff will continue to participate and provide consultation in identifying a target population for the HOPE SQUAD Suicide Prevention Coalition. FCCBH prevention staff will assist in organizing trainings for the QPR Gatekeepers to fulfill their community training commitment for suicide prevention.

FCCBH was awarded a Suicide Prevention Grant. through DSAMH ended October 1st, 2020. However, FCCBH will continue to actively work educating Carbon and Emery communities with suicide prevention and postvention efforts.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant increase/decrease.

**Describe any significant programmatic changes from the previous year.**

None

## 20) Children/Youth Consultation & Education Services

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$26,172</b>	<b>Form A1 - FY23 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$23,959</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$1,999</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH will provide child and family related professional consultation and education services throughout the tri-county area. FCCBH staff members will provide clinical case consultation with our partner organizations and agencies such as DCFS, DJJS, DSPD juvenile court and probation and schools.

FCCBH contracted psychiatrists will be available to provide consultation to primary somatic care physicians who are working with youth and children with mental illness in all three counties. FCCBH contracted psychiatrists will also provide consultation to "Early Intervention" clients and service providers in all three counties, in addition to FCCBH employed licensed mental health therapists.

In each county FCCBH staff members will participate in the System of Care program, as a team participant, as a treatment provider, and in making referrals. FCCBH is an active part of the Local Interagency Council in each county.

The FCCBH children's services staff will provide training to the School Districts in all three counties periodically on topics including prevention, early intervention, Mental Health First Aid, suicide prevention/intervention/postvention, and other requested topics. Frequent consultation is also provided to school personnel and school officials by way of the SBEI intervention.

On-call clinical consultation services will be provided to physicians in the emergency departments and intensive care units of Castleview Hospital in Price and Moab Regional Hospital regarding patient disposition and discharge planning.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

**Describe any significant programmatic changes from the previous year.**

None

## 21) Services to Incarcerated Persons

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$23,975</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>78</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$23,975</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>78</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$25,194</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>63</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.**

FCCBH clinical staff members will provide jail outreach, crisis intervention and clinical services for male and female adult inmates in all three counties. FCCBH clinical staff members will provide emergency substance use disorder and mental health evaluations for inmates in crisis, with a referral for medication management/consultation when appropriate. FCCBH psychiatrists will be available to the county jail physicians for consultation with more complex psychiatric medication issues. Co-occurring mental health/substance use disorder treatment groups will be held weekly in each county jail. Inmates will be linked to outpatient services upon release from jail.

FCCBH licensed mental health crisis workers will provide suicide evaluations and crisis screenings to youth in the local youth detention center.

FCCBH has also increased our coordination efforts with the courts and jails in all three counties, as a result of our strong JRI implementation efforts, to outreach individuals earlier and help them to access resources before leaving incarceration or compounding legal involvement once released. This has also included early intervention efforts with individuals encountering the Justice Court system in at least two counties. However, with JRI and JRC funding being cut, FCCBH was forced to discontinue some of these services in FY 20. Continued partnerships and ongoing discussions with stakeholders and partners working with the court compelled/JRI populations will be continued. FCCBH will continue to check in with the Jail and the Sheriff's office to make sure services are being provided when needed and as agreed to by FCCBH.

**Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?**

Anyone can attend the weekly group in the jail for males and females. FCCBH will attend to any crisis situation the jail has or is dealing with. FCCBH asks clients to participate in taking the MHSIP and YSS surveys to gauge clients' perspectives on how well our programs and staff are serving client needs and

access to treatment.
<b>Describe the process used to engage clients who are transitioning out of incarceration.</b>
FCCBH has case managers and recovery support case managers who help those transitioning from jail back into the community. They are responsible to reach out to those FCCBH has seen in the jail and make sure they are getting the services they need to help them with the difficult transition they are making.
<b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b>
No significant increase/decrease.
<b>Describe any significant programmatic changes from the previous year.</b>
None

## 22) Adult Outplacement

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$37,602</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>129</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$34,422</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>129</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$15,105</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>129</b>
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>Outplacement interventions and services will be provided directly by FCCBH staff to SPMI clients to either divert hospitalization to decrease the chance of repeat hospitalizations, or to facilitate discharge from inpatient services. This includes interventions for clients who are currently placed at the Utah State Hospital. A portion of the outplacement services will be provided by contracted providers. Each clinic in the three county area will have an established and dedicated budget based upon community size and caseload, designated specifically for outplacement services. These services will cover a variety of creative interventions and may include almost anything to assist in stabilization and building recovery capital. FCCBH has staff assigned specifically to track clients being released from hospitals who require daily monitoring and limit setting. Additional interventions may include:arranging/contracting for placement in alternative environments/facilities to augment care requirements, temporary housing assistance during stabilization efforts following hospitalization,clinical treatments,travel arrangements,and other creative ideas to assist in stabilization. Inpatient</p>			

hospitalization can be very disruptive and difficult for clients and their families; case management, residential support and clinical team services are actively used for hospital diversion. All FCCBH clinical and residential staff members will be able to draw from this budget to support outplacement efforts. FCCBH plans to use a community wraparound team model in diverting hospitalizations, facilitating discharge, and managing crises.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

None

**Describe any significant programmatic changes from the previous year.**

None

### 23) Children/Youth Outplacement

**Codie Thurgood**

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$0</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>0</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$0</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>0</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>0</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH plans to use a community wraparound team model in diverting hospitalizations, facilitating hospital discharge and managing crises. Therefore, all youth hospitalized will have an outplacement plan as part of a request for a hospital stay and a dedicated liaison to facilitate it. When available, the wraparound family team will be convened within the first week of a child or youth being hospitalized and teleconferencing technology will be used to coordinate family and hospital team meetings.

FCCBH has an experienced LMHT who will attend all coordination meetings at Utah State Hospital and another experienced staff person to attend Children's Coordinator's meetings. These individuals will learn creative methods to develop outplacement opportunities for early return to the community by our youth.

Outplacement services will cover a variety of creative interventions and may include visits to and from family members, food, clothing, clinical services, medications, dental or physical healthcare, and/or assistance in the home. Outplacement services may include arranging/paying for placement in alternative environments/facilities to augment care requirements, minor modifications to the family's residence, temporary housing assistance for the family while the youth is stabilized on medication, companion animals, travel arrangements, and other creative stabilizing interventions.

**Describe any significant programmatic changes from the previous year.**

None

**24) Unfunded Adult Clients**

*Pam Bennett*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$75,964</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>160</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$88,330</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>178</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$20,422</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>140</b>
<b>Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>The expansion of Utah Medicaid in April 2019, in combination with the expansion of Targeted Adult Medicaid (TAM) eligibility has dramatically changed the trajectory for previously unfunded/unbenefitted clients. FCCBH continues to make robust efforts to help Medicaid eligibles gain expanded Medicaid benefits in our tri-county area.. For those who do not qualify for Medicaid expansion or other state funded programs such as TAM, FCCBH will continue to provide unfunded services directly with employed staff. The typical unfunded adult client who is not SMI and not meeting FCCBH high risk criteria will receive an assessment, at least three individual sessions and, when indicated, and/or time limited group therapy. When deemed appropriate by the multidisciplinary treatment team, uncomplicated medication management is referred to the local FQHC. When necessary, medication management will be provided by FCCBH until treatment is progressing and medications are stabilized.</p> <p>Unfunded clients who are SPMI and at high risk of need for a more restrictive environment may receive a full FCCBH continuum of services if needed, including targeted case management, personal services, psycho-social rehabilitation, as well as medication management and psychotherapy. Every effort will be to serve as many clients as possible by helping these individuals become eligible for expanded Medicaid, preserving remaining funding for those that are not Medicaid eligible.</p> <p>FCCBH will provide medically necessary services to uninsured /under-insured, and SMI population, who may not be at risk of hospitalization but need services to return to a baseline level of functioning. At the same time, FCCBH will continue to loosen the criteria for use of the unfunded pool of resources to insure that high risk consumers do not need a more restrictive level of care.</p>			
<b>Describe <a href="#">agency</a> efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.</b>			
<p>FCCBH continues to make robust efforts to help Medicaid eligibles gain expanded Medicaid benefits in our tri-county area. FCCBH has designated eligibility specialists in each county to assist clients with understanding eligibility for Medicaid plans and helping individuals to get enrolled. In addition, FCCBH staff have combed through caseloads of open clients who are currently categorized as unfunded or underfunded in order to reach out and to inquire about willingness to enroll in a Medicaid program. This is not currently tracked.</p>			



**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No significant increase/decrease over FY22 projected.

**Describe any significant programmatic changes from the previous year.**

None

## 25) Unfunded Children/Youth Clients

*Leah Colburn*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$12,930</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>13</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$15,587</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>24</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$2,419</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>3</b>

**Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Self-referred unfunded children and youth in need of services typically receive an assessment and up to three individual or family sessions. If the child or youth has a serious emotional disturbance or if acuity dictates, the full FCCBH continuum of services will be made available. The youth and/or family may be seen at school or home as well as in the clinical offices. When indicated, a referral to a time limited group therapy may be used. Family sessions will be used rather than individual sessions whenever possible. When necessary, medication management will be provided by an FCCBH prescriber at the FCCBH clinic. When clinically appropriate, a referral may be made to the local FQHC.

All children/youth entering services as unfunded will be screened and referred for application for entitlements (i.e. Medicaid). If the child/youth does meet the criteria for such entitlements, case management services may be provided to assist the client's family in applying for them.

Unfunded clients may be eligible to receive any part of the FCCBH continuum of services. Wraparound services, including linking to informal supports, may be included in the treatment plan of an unfunded family or youth.

Unfunded children/youth deemed eligible for mental health services may also be referred to FCCBH through the school system, and may be treated using Early Intervention funding.

**Describe [agency](#) efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.**

FCCBH continues to make robust efforts to help Medicaid eligibles gain expanded Medicaid benefits in our tri-county area over the past year. FCCBH has designated eligibility specialists in each county to assist clients with understanding eligibility of medicaid plans and helping individuals to get enrolled. In addition, FCCBH staff has combed through caseloads of open clients who are currently indicated as unfunded or underfunded in order to reach out and inquire about willingness to enroll in a Medicaid

program. This is not currently being tracked.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The noted decrease in unfunded reflects a decrease in unfunded dollars as well as an effort at FCCBH to help those eligible for Medicaid to apply.

**Describe any significant programmatic changes from the previous year.**

None

## 26) Other non-mandated Services

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>0</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>0</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>0</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	<b>0</b>
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>	<b>\$425,620</b>	<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>?</b>

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH will provide integrated health care monitoring by use of an outreach LPN position. The assigned employee will have a caseload of consumers requiring medically necessary behavioral health services at FCCBH and somatic health services through a local primary care physician. FCCBH also provided availability to a contracted, primary health APRN who will be an active member of the treatment team staffing co-occurring clients (with an active ROI). The somatic care APRN will serve Carbon and Emery County residents and will allow for quality, accessible primary somatic care for FCCBH consumers. Individuals presenting with somatic complaints are screened and referred to mental health services on the same campus.

The expense of the time used by the LPN in the outreach described here is budgeted in the medication management and targeted case management sections of the budget proposal.

In FY19, FCCBH joined community medical partners to embark on a tri-county educational campaign to increase awareness and improve access to Naloxone with a focused attention on preventing overdose deaths. This effort was directed at educating professionals, primary care providers, pharmacists and families to expand access to naloxone (Narcan) and help prevent overdose deaths. Efforts around this will be continued in [FY23](#).

In the past, FCCBH has used funding through Primary Care Grant efforts which has allowed for hundreds of no-cost MH and SUD assessments as well as general medical/dental care and services for those under 200% of the FPL. If accepted as a recipient of the grant, the increase will help remove funding barriers for individuals in need, and will be continued in [FY23](#). [If FCCBH is awarded this grant FCCBH is adding an extra effort to test clients for HIV and HEP C and provide referrals for those who test positive for treatment.](#)

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No change from FY23 budget.

**Describe any significant programmatic changes from the previous year.**

None

**27) First Episode Psychosis Services**

*Jessica Makin*

<b>Form A1 - FY23 Amount Budgeted:</b>	<b>\$0</b>	<b>Form A1 - FY23 Projected clients Served:</b>	<b>0</b>
<b>Form A1 - Amount budgeted in FY22 Area Plan</b>	<b>\$100,000</b>	<b>Form A1 - Projected Clients Served in FY22 Area Plan</b>	
<b>Form A1 - Actual FY21 Expenditures Reported by Locals</b>		<b>Form A1 - Actual FY21 Clients Serviced as Reported by Locals</b>	

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

FCCBH plans to provide mental health assessment and treatment services, case management, peer support and medication management services which will be provided directly by Four Corners. FCCBH will continue to administer the SIPs to those FCCBH feel need that level of assessment. FCCBH will Carbon, Grand, and Maob clinics will continue with this process.

**Describe how clients are identified for FEP services. How is the effectiveness of the services measured?**

N/A

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

N/A

**Describe any significant programmatic changes from the previous year.**

FCCBH decided to not take the FEP grant money due to the low demand of clients in our rural and frontier areas that fit criteria to be part of this program.

**28) Client Employment**

*Sharon Cook*

**Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.**

**In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2**

**Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).**

FCCBH will provide a number of services, supports and interventions to assist the consumer to achieve personal life goals through employment.

Transportation will be provided to and from employment. Lunch is provided in the clubhouse for those coming from a job. "Job support" will be provided through the clubhouse work ordered day and can include helping a consumer learn skills for a "supported employment" or a "competitive employment" position.

Each clubhouse program will have a Career Development and Education (CDE) unit. The CDE unit will connect members with community referrals and relevant resources, and help members with educational goals such as getting a GED or going back to school, getting a driver's license, temporary employment placements, transitional, supported and independent employment, staying employed and training/coaching members to needed job skills. Through clubhouse services, the consumer gets a competitive edge in obtaining and keeping competitive employment in the community.

**The referral process for employment services and how clients who are referred to receive employment services are identified.**

Those who suffer from mental illness will be qualified for these services. FCCBH identifies individuals who are wanting to be involved in a supported employment program and identifies this on their treatment plans. [Dual Diagnosis clients, Mental health clients, and SUD clients have access to case managers that can assist with getting a client employed in the community with helping with resume building and interview building skills.](#)

**Collaborative employment efforts involving other community partners.**

TE or Transitional Employment opportunities will be developed through staff assignments in the work ordered clubhouse day. These opportunities will allow consumers to step into the world of work on a temporary supported basis so as to manage stress and personal expectations realistically.

Community partners will offer "Group TE" opportunities on a given day each week where clubhouse members can work a few or several hours to earn money and structure their day. An annual "Employer Dinner" will be held in the clubhouse each year to honor competitive, supported and temporary employers who have contributed to assisting clubhouse members' return to meaningful work. In addition, a networking dinner is held every other month to network with potential TE employers as well as other community partners who do not know a lot about Clubhouse services. The Clubhouse staff members will give presentations to community groups, such as the Rotary Club, to educate and promote employment opportunities for members. FCCBH programs will facilitate consumer attendance at the various classes offered by DWS to enhance employment skills.

Clubhouse maintains a close relationship with Voc Rehab so clients are able to attend school and get funds for creative needs to obtain employment such as dental care, car repair and clothing allowance. FCCBH also works with DWFS encouraging clients to attend employment preparation classes such as resume writing and interview skills.

**Employment of people with lived experience as staff through the Local Authority or subcontractors.**

FCCBH will make every effort to employ consumers when appropriate. In Carbon and Grand Counties, FCCBH will employ consumers who provide landscaping, snow removal and janitorial work for the administrative, clinical and housing facilities.

FCCBH recognizes that IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental illness. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. FCCBH understands that IPS has been extensively researched and proven to be effective.

FCCBH acknowledges the effectiveness of the IPS model and continuously trains using elements of the model. FCCBH is to help our clients find and retain employment in our Clubhouses. FCCBH currently is striving to include some of the elements of the IPS model into our employment services including when possible: client choice, assistance with support, coaching, resume development, interview training, and on-the-job support. Our employment specialists are also trained to do job development where they build relationships with employers in businesses that have jobs which, whenever possible, are consistent with client preferences.

At present there are barriers to incorporating this model to fidelity within our center. As you know FCCBH is a rural/frontier behavioral health agency which works diligently to meet the needs of our clients and our communities. There is a rural reality where providing the continuum of care often requires our staff to take on multiple roles and wear many hats from clubhouse worker to case manager to hospital diversion caregiver, among others. Sometimes rural funding and staffing patterns allow us to only fulfill a portion of a program, but FCCBH certainly does the best FCCBH can with our limitations. Because of our rural setting, the extent of IPS staff training demands, lack of funding specific to provide this model locally, and lack of local employment opportunities, FCCBH is prohibited from carrying out the model to fidelity.

#### **Evidence-Based Supported Employment.**

FCCBH is affiliated with the Utah Clubhouse Network but neither clubhouses are currently ICCD certified. Where possible FCCBH works to maintain fidelity to the clubhouse model which emphasizes employment and meaningful work as a major vehicle of recovery from SPMI. Temporary and supported employment opportunities are offered through both the New Heights clubhouse in Price and Interact in Moab. FCCBH realizes that IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental illness. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. FCCBH understands that IPS has been extensively researched and proven to be effective.

FCCBH recognizes the value of the IPS model and is interested in continued training in the elements of the model. FCCBH is committed to helping our clients find and retain employment in our clubhouses. FCCBH currently is striving to include some of the elements of the IPS model into our employment services including when possible; client choice, assistance with support, coaching, resume development, interview training, and on-the-job support. FCCBH employment specialists are also trained to do job development where they build relationships with employers in businesses that have jobs which, whenever possible, are consistent with client preferences.

At present there are barriers to incorporating this model to fidelity within our center. As you know FCCBH is a rural/frontier behavioral health agency which works diligently to meet the needs of our clients and our communities. There is a rural reality where providing the continuum of care often requires our staff to take on multiple roles and wear many hats from clubhouse worker to case manager to hospital diversion caregiver- among a few. Sometimes rural funding and staffing patterns allow us to only fulfill a portion of a program, but FCCBH certainly does the best FCCBH can with our limitations. Because of our rural setting, the extent of IPS staff training demands, lack of funding specific to provide

this model locally, and lack of local employment opportunities, we are prohibited from carrying out the model to fidelity.

## 29) Quality & Access Improvements

### Identify process improvement activities:

**Evidence Based Practices:** In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.

Over the past several years, FCCBH has embraced the value of evidence-based treatment by enhancing oversight practices to ensure fidelity to the model. Thus far, internal monitoring systems are in place for many programs being offered including Moral Reconciliation Treatment (MRT), Motivational Interviewing (MI), Wrap-around services, Seeking Safety, EMDR, and a variety of others. A full list of active EBP is available upon request. FCCBH highly values the importance of keeping current with the most effective modalities of treatment, and thus spends a significant portion of our budget for ongoing training. FCCBH has limited the approval of clinician training to those programs which are evidence-based and for which FCCBH has the ability to monitor for quality oversight. In addition, FCCBH will maintain an additional supervisor role for Carbon County clinic (which serves the greatest number of clients and staff). This supervisor has several specific functions in which they oversee including the fidelity oversight piece to our programming, as well as providing trauma-informed supervision to employees that otherwise generally wouldn't have time to participate in this type of supervision due to the multiple other directives and business related items that need to be reviewed by their direct supervisor. In addition, FCCBH plans to review their current model for hiring and retaining employees long-term and implement new ideas for improving the selection process for new staff coming into the agency.

**Outcome Based Practices:** Identify the metrics used by your agency to evaluate client outcomes and quality of care.

FCCBH plans to use the resources available through the Credible EHR system. FCCBH will use the DSAMH outcome items as well as others that FCCBH will create to identify and train best practices among staff. FCCBH will have an interface between Credible EHR and OQ Analyst so as to reduce barriers to the use of OQ by clinic LMHT in individual psychotherapy appointments. In addition, FCCBH will increase its focus and initiatives around "Customer Service." Training targeted to this will be provided for all support staff in each of the clinics, for Program Directors and Supervisors, as well as for Administrative staff. Information will then be disseminated out to the remaining staff through team meetings and supervision. An executive walk through, focusing on customer service and quality of access to services will be conducted several times throughout the year. This will be continued in FY 23 even though it was removed as a mandate through the Division Directives.

**Service Capacity:** Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming

FCCBH offers the full spectrum of outpatient treatment for individuals suffering from mental illness and Substance use disorders. FCCBH has added several services and has increased contracted providers to accommodate growth and increased need. FCCBH does not have a waiting list and attempts to get individuals into services as soon as possible. FCCBH implemented many salary adjustments in FY22 and is currently undergoing an extensive salary survey that will result in a cost of living and several wage adjustments at the beginning of FY23. FCCBH has allowed directors to be flexible and creative with work schedules, especially around crisis services, to help reduce staff burn-out due to staff



shortages and the additional workload. FCCBH partners with higher education to accommodate several internships in order to support and grow the internal and external workforce in the community.

**Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, Local Homeless Councils, and other partnership groups relevant in individual communities).**

FCCBH will maintain support of The HOPE Suicide Prevention Coalition in Carbon County, through continued membership. That coalition maintains oversight of training in the community as "QPR Gatekeepers" to assure that the training subsequent to the gatekeeper training is accomplished. FCCBH will disseminate the QPR process through the Gatekeeper network and SA prevention coalitions in the region's communities. FCCBH will continue to provide Mental Health First Aid training, for both adults and youth in all counties. A wide spectrum of community members have already been trained by FCCBH staff. FCCBH has a sustainable internal method for motivating and maintaining training of the Columbia-Suicide Severity Rating Scale (C-SSRS), enhancing consistency in the evaluation process across the three counties. In addition, the FCCBH internal suicide prevention committee continues to educate community medical partners on the importance of and effective use of the C-SSRS Screening version with clients seeking treatment for somatic complaints. FCCBH also plans to continue the tri-county educational campaign, initiated with local medical partners and law enforcement to increase awareness and improve access to Naloxone with a focused attention on preventing overdose deaths.

FCCBH has been providing services to children, youth, and families exclusively within a separate building. This will allow children and families a trauma-informed environment while sitting in the waiting room, without the presence of large adult groups congregating for their own treatment activities.

FCCBH is involved in RAC meetings with SOC, DCFS, DJJS, and all other entities that serve you, children, and families.

Tracy Meeks who is over the supported living in Price attends the homeless Coordination Meetings whenever they are held in Carbon County. This committee has not met as much due to COVID. FCCBH also works closely with the circles program in Carbon County which helps individuals with becoming employable and getting to a place where they can afford housing.

**Describe how mental health needs for people in Nursing Facilities are being met in your area**

For many years, FCCBH has provided clinical treatment services to individuals residing in the 4 local nursing facilities in the tri-county area, offering the full continuum of MH and SUD services. In addition to MH and SUD needs, FCCBH also provides support to the nursing facilities by providing crisis intervention, 24 hours a day, 7 days a week.

**Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.**

FCCBH has been utilizing telehealth based services for many years as means of bringing top-quality psychiatrists to the area. Due to this experience, FCCBH has expanded telehealth services in a variety of other ways, including providing Designated Examiner (DE) assessments (with permission from DSAMH) to areas without certified examiners, providing assessments (both initial and emergency) for clients in counties that may be underemployed, providing supervision to clinicians working towards licensure, participating in training, assisting with staff meetings, and for many other treatment and



quality purposes. In FY 23 FCCBH will continue to provide all services over telehealth. FCCBH will ask clients to have a camera and microphone on and if they do not they will need to come in for services. FCCBH wants to make sure they are gaining from treatment as they should be. FCCBH asks clients to participate in the MHSIP and YSS surveys to gauge clients' perspectives on how well our programs and staff are serving client needs and access to treatment.

**Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. [Technical assistance is available through Codie Thurgood: cthurgood@utah.gov](mailto:cthurgood@utah.gov)**

FCCBH has been training clinicians specializing in youth and family treatment in early childhood needs for many years. This includes attendance at all of the DSAMH-hosted training for early childhood development and treatment, as well as partnering with local head start programs.

[In FY 22, FCCBH was given money from the OSUMH to train staff and clinicians in the community on diagnosing children ages 0-5 year old. FCCBH was awarded the money late in the fiscal year but has a training set for June 2022.](#)

With regards to maternal mental health needs, FCCBH participated in the expansion of the SUPeRAD program, initiated by the University of Utah, to the eastern region. This program was designed to reach pregnant women who are struggling with Opioid Use Disorder (OUD) receive needed treatment while supporting a healthy pregnancy and birth. [Four Corners continues to participate in SUPeRAD efforts through referral to Eastern Utah Women's Medical Clinic for pregnant women meeting criteria, as well as providing treatment services to those women at FCCBH clinic locations.](#)

FCCBH has a designated mental health clinician to specialize in the area of maternal mental health. This clinician works closely with the Southeastern Utah Health Department in offering support, guidance, resources, referrals and anything else that might be helpful for pregnant and postpartum women struggling with OUD challenges.

[In FY 22, FCCBH consolidated all medical services and services to children, youth and families in Carbon County into one location. Maternal mental health and early childhood mental health services are a focus within that location.](#)

**Other Quality and Access Improvement [Projects](#) (not included above)**

### 30) Integrated Care

*Pete Caldwell*

**Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.**

In the coming fiscal year, FCCBH will continue to provide, through contract, a co-located LMHT to the Green River Medical Clinic (FQHC). Administration staff will continue to assess utilization and intensity of services being provided in the area, in order to plan for and accommodate ongoing needs.

[FCCBH will continue to provide services to unfunded/underfunded clients through the State Primary Care Grant \(if awarded in FY 23\). These services will include access to substance use and mental health treatment services, access to somatic care services, access to testing and treatment for HIV and HEP C, and access to dental care.](#)

**Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).**

FCCBH is developing a process for enhancing existing assessments to include more robust information around somatic health needs. FCCBH will provide training to LMHT's in recognizing physical health concerns and provide referrals to their primary care provider or linking them to a partnering health provider. FCCBH also works closely with an FNP in the Carbon County Community where we can refer our clients and make sure they are following through with those services. FCCBH has added to their initial intake packet a release of information for clients to sign for their PCP if they would like to.

Some of the barriers with this is limited access to the client PCP. Some of the clients will not sign RIO's helping FCCBH to bridge the gap between their physical and behavioral health needs. Lack of resources in all of our areas to help bridge this gap with our clients.

All LMHT's at FCCBH assess for mental health and substance use needs with every initial intake. Licensed SSW's will provide TBS and TCM services to both mental health and substance use disorder clients.

Recovery support services will be addressed and assessed during intake and indicated needs will be referred to the FCCBH recovery coach/case managers to deliver resources. Staff will use a Recovery Capital model when assessing clients, focusing on four main areas: social, physical, human, and cultural.

**Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.**

FCCBH will provide co-occurring services to individuals who are court-ordered to substance use disorder treatment, and others who have been identified in assessment to have a co-occurring mental health disorder. Using an LMHT to facilitate group therapy sessions devoted to mental health issues, such as depression and anxiety, FCCBH will enable an individualized *whole person* treatment process. A Level II Intensive Outpatient Program requiring 9 hours/week for adults and 6 hours/week for youth allows for the client to receive a variety of interventions from providers specializing in different areas. Some of these interventions may include wellness education. It may also include intensive case management services to assist in a variety of wellness areas, including assistance with gaining resources around health testing, treatment of diseases, harm reduction strategies, and other health related resources. These services are offered to adults, youth, children, and families. Youth in transition are a targeted population for providing resources around improving and maintaining good wellness.

**Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?**

FCCBH works closely with the health department in providing training for HIV, TB, HEP C, and other physical ailments. The FCCBH intake inquires about each client having a current treating primary care physician and whether contact with that physician is consistent. If not, the client is encouraged by staff to reach out to their primary care provider for general prevention or other reported health concerns. If a client reports not having a primary care provider, FCCBH will help the client access that resource. Sometimes these clients will fit criteria for State Primary Care Grant services and will be referred to those partnering providers. Four Corners has case managers and peer support specialists that are comfortable working with youth in transition and will help them in accessing health and wellness

services provided in the area. Consideration is made around whether the youth has insurance and/or the ability to pay for services. Unfunded/Underfunded youth will be referred to locations that provide a sliding scale fee or a partnering grant provider.

**Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.**

FCCBH will offer discreet tobacco cessation classes in all of the clinics. Also, sections of TBS groups provided, as part of Level II Treatment, will contain information about quitting tobacco and the health benefits around doing so. Recovery-Plus is a celebration of recovery. It is a process that recognizes that each of us is in a state of continuous growth and development. A peer support specialist and peers who have quit tobacco will be facilitated in telling their story of recovery from addictive behaviors. When possible, peer support specialists will be trained to run smoking cessation classes.

**Describe your efforts to provide [mental health services](#) for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. [Please identify an agency liaison for OSUMH to contact for IDD/MH program work.](#)**

FCCBH has always provided services to any individual needing mental health services. This includes individuals with co-occurring mental health and autism and other intellectual/developmental disorders. FCCBH has strong working relationships with organizations in each of the areas who serve individuals with intellectual/developmental challenges, such as Chrysalis, TKJ, RISE, NES and many others. FCCBH works with those agency staff members to facilitate assessments, appointments, crisis services and any other needs that may arise for a mental health intervention. Individuals who are needing assessment for autism may be provided a mental health assessment by an LMHT in any of the clinics. If the individual is diagnosed with autism and requires specialized treatment, a referral will be given for providers certified in providing autism specific treatment. Mental health needs with individuals and families may still be provided through FCCBH. The FCCBH agency contact addressing IDD/MH work is Kara Cunningham.

### 31) Children/Youth Mental Health Early Intervention

*Leah Colburn/Tracy Johnson*

**Describe the Family Peer Support activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.**

FCCBH partners with System of Care in the eastern region to provide high fidelity wraparound for clients indicating that level of service. Four Corners staff may also refer targeted children and families to the SMR program with the intention of enhancing early intervention needs and maintaining home placement of youth. [Those who do not fit this level of care or needs will be treated within the clinics in Grand, Carbon, and Emery. Receiving individual therapy, case management, and family therapy services.](#)

**Include expected increases or decreases from the previous year and explain any variance over 15%.**

See above

**Describe any significant programmatic changes from the previous year.**

None
<b>Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement? YES/NO</b>
Yes

### 32) Children/Youth Mental Health Early Intervention

*Leah Colburn/Nichole Cunha*

<p><b>Describe the <i>Mobile Crisis Team</i> activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider. <u>For those not using MHEI funding for this service, please indicate "N/A" in the box below.</u></b></p>
<p>For years, FCCBH has supported an organizational value of providing a mobile crisis response with a licensed MHT, 24/7, to any setting that FCCBH were dispatched to for the purpose of mental health evaluation. In FY 20, FCCBH joined the movement in supporting a state-wide crisis hotline, through the University of Utah Neuropsychiatric Institute. This partnership has been in place in the tri-county area since August 2019. In early 2020, FCCBH was offered funding through DSAMH to begin implementation of a formal Mobile Crisis Team. In FY 21 an MCOT team was implemented across the agency in all three counties.</p> <p>In FY 22, FCCBH began implementing SMR services in all three counties.</p>
<p><b>Include expected increases or decreases from the previous year and explain any variance over 15%.</b></p>
<p>None</p>
<p><b>Describe any significant programmatic changes from the previous year.</b></p>
<p>None</p>
<p><b>Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.</b></p>
<p>None</p>

### 33) Children/Youth Mental Health Early Intervention

*Leah Colburn/Scott Eyre*

<p><b>Describe the School-Based Behavioral Health activities you propose to undertake. <b>Please describe</b> how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to <b>2019 HB373</b> funding and any telehealth related services provided in school settings. <u>For those not using MHEI funding for this service, please indicate "N/A" in the box below.</u></b></p>
<p>FCCBH will offer School Based Mental Health Services in elementary schools, middle schools/junior high schools, high schools, and charter schools in all three counties. Over the past couple of years, however, some schools have chosen not to take part due to legislation that has allowed schools to hire internal behavioral health providers. Within the schools currently being served, the following services</p>

are being provided by a LMHT (and when appropriate a case manager): Diagnostic assessment, treatment planning, individual therapy, family therapy, group therapy, group skills development, case management, and other identified needs. The LMHT will also be available for consultation and care coordination with school personnel and parents. Referrals will be accepted for all children and youth endorsing mental health and substance use needs. Services will primarily be provided at the school, but may take place at the clinics at a parent's request. Intake paperwork, including consent to treat and appropriate ROI, will be completed by the parent at the school. Referrals to SOC and SMR will be made where barriers may exist to parental involvement in the child's treatment. Each school has agreed to host wraparound family team meetings as appropriate to track the child's progress and identify further resources to support success. In these ways, FCCBH intends to support family involvement in treatment.

Up to this point, FCCBH has not utilized telehealth to meet the needs at the local schools. However, this will be considered in order to provide more services throughout the counties.

Also, for summer youth groups, FCCBH has partnered with staff at the local juvenile detention center to expand services throughout Carbon and Emery County. This partnership is planned to continue for FY 23 in Carbon County.

Outcome measures will evaluate changes in academic grade point averages, changes in absenteeism, DIBLES testing, and OQ scores. School behavioral records will be tracked by the school counselor. Youth Outcome Questionnaires (YOQ-30) will be administered to all parents/students at least monthly to obtain feedback on behavioral improvement.

**Include expected increases or decreases from the previous year and explain any variance over 15%.**

None

**Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services for the upcoming school year. (Please email Leah Colburn [lacolburn@utah.gov](mailto:lacolburn@utah.gov) a list of your FY23 school locations.)**

None

**Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.**

1) Changes in academic grade point averages  
 2) DIBELS -The three DORF (Fluency, Accuracy, Retell) scores  
 3) Changes in absenteeism  
 4) Youth Outcome Questionnaires (YOQ-30PR)  
 The quarterly reporting should be sent to Kara Cunningham, Clinical Director-Kcunningham@fourcorners.ws

#### 34) Suicide Prevention, Intervention & Postvention

Carol Ruddell

**Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as**

**well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.**

In FY 18, FCCBH applied for and received a suicide prevention grant through the DSAMH. This grant allowed us to hire a grant coordinator to provide outreach services, caring contacts, education to the community, collaboration with local businesses and many other functions that have likely decreased rates of completed suicide in Carbon and Emery Counties. In addition, this grant allowed for unfunded individuals struggling with depression and co-occurring suicidal challenges to be provided individual therapy and other necessary clinical services at no cost. This grant ended in September, 2020. However, FCCBH has remained committed to continuing many of the positive aspects the grant brought to the communities, such as low cost or no-cost services for unfunded clients, outreach efforts, and providing education to the community. Many efforts have been discussed and made so that these activities may be sustained and FCCBH keeps prevention and postvention efforts going.

FCCBH continues to be a proactive member of the HOPE Suicide Prevention Coalition in Carbon County. FCCBH participates as members of these and other local coalitions and will participate in co-hosting suicide prevention programs, community education night, and/or providing Mental Health First Aid to anyone in need to training.

FCCBH has an established internal Zero Suicide inspired committee that has been identified as the Safe Squad. This committee consists of a chair and representatives from each clinic/team who currently meet periodically to oversee and make recommendations around prevention, Intervention, and postvention improvements. One of the well received efforts coming from the Safe Squad is the development of a 3x5 notecard format for safety plans that individuals in crisis can fill out with the crisis responder to keep with them for future reference. There is a system put into place in which everything the clients write on their 3x5 safety plan will be copied into their EHR. As well, more timely outreach efforts were put into place to ensure all crises responded to were contacted again between 1-5 days following the initial crisis.

FCCBH continues to provide effective evidenced-based practices for preventing suicide, such as motivational interviewing and CBT. FCCBH also maintains continuous training efforts around the administration of the Columbia-Suicide Severity Rating Scale (C-SSRS) for all staff.

FCCBH LMHTs will continue to be trained and monitored around the use of a "Crisis and Safety Plan" that is incorporated into the EMR, is printable, and includes the following elements:

1) Risk Concerns, 2) Safety Precautions, 3) Communication with Others, 4) Interventions, 5) Parent's and Family's Concurrence with and Involvement in the Decisions Made, and 6) Protective Factors.

A printable safety plan will be developed with the client presents and will include the following:

1. Warning Signs (what triggers distress), 2) Internal Coping (things I can do to feel better), 3) Social Contacts (list of people I can contact to distract me from distress), 4) Professional and Agency Contacts (list of professionals who can help), and 5) Reasons for Living.

Intervention: Follow-up with clients endorsing suicidality are expected to be done within 24-48 hours of the initial intervention. This may be done by any assigned FCCBH staff. In addition, clients seen in crisis are encouraged to follow up with an appointment at FCCBH the next day in order to continue assessing risk. FCCBH makes available open access services to family and friends of an individual who has completed suicide. FCCBH also makes available open access service to first responders who have been involved in a situation around someone who has completed suicide. FCCBH provides crisis stress debriefing intervention for first responders as such is requested by supervisors.



FCCBH provides all MH crisis services for both local hospitals (which serve all three counties) in Carbon and Grand Counties. When patients are seen at the E.R and determined to be in a mental health crisis, 24 hour MCOT workers are contacted. A thorough evaluation is completed and then a plan is established. Patients may be moved into a higher level of care (i.e. inpatient hospitalization) or a plan for safety will be created, including follow-up services with both the patient and a family member/support person. Medical providers are included throughout the process. Four Corners monitors clients that are clinically determined to be “high risk” and will conduct additional assessments in their clinical charts to review whether additional or remedial intervention may be needed. In addition, the QAPI committee will continue with its goal to place a clinical notation in the electronic health record specifying that the case is “high risk” and provide enhanced monitoring and governance of these specific cases. Also efforts around improving outreach, following a crisis with indicated need, is made. Focusing on this effort more closely has proven beneficial for getting higher compliance around engaging individuals struggling with suicidal ideation into services.

The FCCBH Mobile Crisis Outreach Team (MCOT) allows for both intervention and postvention efforts for individuals struggling with a mental health emergency.

**Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:**

1. **Suicide Prevention 101 Training**
2. **Safe & Effective Messaging for Suicide Prevention**
3. **Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)**

FCCBH Directors in Emery County and Carbon County are trained in MHFA and one of FCCBH case managers at the Carbon clinic is trained in Suicide prevention 101 training, Safe and Effective Messaging for Suicide Prevention. FCCBH also has a therapist that is trained in MHFA. She works in the Emery County Office. FCCBH had more staff trained that have since left . FCCBH has identified two other people who will be trained in these modalities.

**Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.**

All of FCCBH staff are being trained by the University of Utah Caring Connections on how to provide support groups for those families that have lost someone to sudden and unexpected death. This will be a training specializing in family members that have lost someone to overdose, suicide, and COVID 19 deaths. FCCBH is also offering the training to other community providers.

When FCCBH is notified of a suicide death with a recent or active client in any of the three counties, the Office of Licensing is notified. A fatality review will be conducted through the internal QAPI committee. Education will be provided to clinicians involved in the case around findings, areas of praise, and well as areas of improvement. However, statistically individuals completing suicide



generally (but not always) have not touched the behavioral health system prior to their death. In that case, attempts will be made to reach out to the family for support and other community partners for further work in identifying community members who are not connected to services.

In Carbon County one of the therapists runs a grief group for death by suicide and death by overdose. She has arranged for the U of U to come to Carbon County and train clinical staff in the Carbon County area on their grief program. This will take place on June 29th, 2022.

**For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).**

**For those not participating in this grant program, please indicate "N/A" in the box below.**

N/A

**For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).**

**If any of the following project deliverables are currently available, please link them here or attach them to your submission.**

1. **By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
2. **By year 3 funding recipients shall submit a written community postvention response plan.**

**For those not participating in this project, please indicate, "N/A" below.**

N/A

**For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.**

***For those not participating in this project, please indicate, "N/A" below.***

N/A

### **35) Justice Treatment Services (Justice Involved)**

**Thom Dunford**

**What is the continuum of services you offer for justice involving clients and how do you address reducing criminal risk factors?**

FCCBH will comply with the standards that are outlined in the Utah State JRI rule, R523-4, regarding screening, assessment, prevention, treatment, and recovery support services.

The focus of FCCBH services will be on effective screening, engagement and retention into evidence-based treatment services and supports. The screening and assessment process, including use of the LS-RNR and DUSI-R tools, allows for the distinction between high risk and low risk individuals, and a treatment service plan to eliminate mixing these populations will be established. For this population, the full continuum of FCCBH services and care may be utilized to stabilize and treat. Prevention Plan: FCCBH plans to use universal prevention programs to reduce widespread risk through community-wide targeting low risk as well as high risk groups.

Treatment: FCCBH staff involved in the JRI effort will be trained and provide evidence-based treatment interventions including but not limited to Moral Reconation Therapy, Motivational Interviewing, REBT, and other curricula for decreasing criminal thinking. For persons with serious and persistent mental illness, community stabilization may be provided to all clients in the tri-county area by way of transition beds located at the Friendship Center in Carbon County and at the Willows in Grand County. These units are utilized, when suitable, as an alternative to incarceration and/or inpatient psychiatric hospitalization. A Housing First model will be used. Clients supported by the JRI will be able to access resources including case management, residential treatment, MAT services, Naloxone kits and other services as clinically indicated.

#### **Describe how clients are identified as justice involved clients**

Any client referred by the court system would be included in the JRI population that FCCBH serves. All those clients will be administered either the DUSI or the LS/RNR.

#### **How do you measure effectiveness and outcomes for justice involved clients?**

Recovery Support: FCCBH will provide recovery support services to JRI individuals, specifically focusing on building 4 main areas of Recovery Capital: social, physical, human, and cultural. An assessment tool will be used to better identify areas of need and will be updated periodically to determine improvement. Engagement in treatment will be measured at discharge wherein clinicians will indicate the extent to which treatment goals were met or not met, or a summary indicating why the client dropped out of services. [The SURE tool will also be used to provide data on outcomes.](#)

#### **Identify training and/or technical assistance needs.**

More training and access to risk screening tools to separate risk levels. More training on EBP specific to justice-involved clients.

#### **Identify a quality improvement goal to better serve justice-involved clients.**

Continue to expand mental health courts.

#### **Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.**

FCCBH provides a liaison in all three counties to meet with AP&P twice a month to staff client needs and what FCCBH can do as agencies to help this specific population be more successful. Seventh District Court has developed a once a month check in for this specific population to meet with the local judges. This was established back when FCCBH was holding JRI monthly meetings.

#### **Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.**

FCCBH takes part in the Table of Six meetings where all of these agencies get together and discuss

ideas and ways to help this population.

### 36) Specialty Services

*Pete Caldwell*

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable, enter NA.

N/A

### 37) Required attachments

- Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.
- List of evidence-based practices provided to fidelity.
- Policies for improving cultural responsiveness across agency staff and in services.
- “Eliminating Health Disparity Strategic Plan” goals with progress.
- Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.